

Cycle Date: 09/09/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404943	Albemarle	8599	167	Detail not covered by combination of recipient, provider and benefit package.	38	485	2290	1805
		8518	135	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		21	98	Duplicate of claims system				
3404902	Blue Ridge	8599	818	Detail not covered by combination of recipient, provider and benefit package.	97	995	1577	582
		191	46	Client ID number does not match patient name.				
		5404	17	Severe Duplicate: same atttd prov/pcode/tos/mod				
3404912	Catawba	8599	287	Detail not covered by combination of recipient, provider and benefit package.	333	846	4065	3219
		8517	204	Claims denied, submitted beyond filing timelimit.				
		191	8	Client ID number does not match patient name.				
3404917	Centerpoint	8599	86	Detail not covered by combination of recipient, provider and benefit package.	1	91	735	644
		191	4	Client ID number does not match patient name.				
3404916	Crossroads	8544	346	Claim denied due to invalid from date of service.	18	858	3869	3011
		8599	191	Detail not covered by combination of recipient, provider and benefit package.				
		24	132	pcode is missing or invalid for this bill type				

Cycle Date: 09/09/2003

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3404927	Cumberland	8599	248	Detail not covered by combination of recipient, provider and benefit package.	22	423	5124	4701
		8518	81	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		8517	27	Claims denied submitted beyond timely filing - Jul-Apr must be submitted by end of FY				
3404922	Durham	27	2146	Diagnosis missing or invalid.	0	3642	4386	744
		21	1076	Duplicate of claim system.				
		8599	318	Detail not covered by combination of recipient, provider and benefit package.				
3404944	Eastpointe	8599	188	Detail not covered by combination of recipient, provider and benefit package.	88	377	2796	2419
		27	28	Diagnosis code missing or invalid				
		8518	28	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
3404946	Foothills				0	0	0	0
3404919	Guilford	8599	447	Detail not covered by combination of recipient, provider and benefit package.	211	839	4894	4055
		191	45	Client ID number does not match patient name				
		8518	44	Claim denied submitted beyond timely filing limit. May-June must be submitted by end of August				

Cycle Date: 09/09/2003

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3404930	Johnston				0	0	0	0
3404929	Lee-Harnett	8599	183	Detail not covered by combination of recipient, provider and benefit package.	1	211	2017	1806
		8518	11	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		8517	4	Claims denied submitted beyond timely filing - Jul-Apr must be submitted by end of FY				
3404913	Mecklenburg	8505	838	Claim denied due to insufficient budget	0	876	922	46
		8800	21	Further processing necessary				
		8599	16	Detail not covered by combination of recipient, provider and benefit package.				
3404939	Neuse	21	4263	Duplicate of Claim - systems	153	5714	6444	730
		8599	850	Detail not covered by combination of recipient, provider and benefit package.				
		191	184	Client ID number does not match patient name.				
3404979	New River	8599	30	Detail not covered by combination of recipient, provider and benefit package.	0	38	164	126
		8517	5	Claims denied, submitted beyond filing timelimit.				
		21	3	Duplicate of Claim-System				

Cycle Date: 09/09/2003

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3404934	Onslow	8599	59	Detail not covered by combination of recipient, provider and benefit package.	0	131	393	262
		8518	37	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
		8517	11	Claims denied, submitted beyond filing timelimit.				
3404921	OPC	8517	3592	Claims denied submitted beyond timely filing - Jul-Apr must be submitted by end of FY	30	4850	6541	1691
		8599	482	Detail not covered by combination of recipient, provider and benefit package.				
		8518	330	Claims denied submitted beyond timely filing - May-June must be submitted by end of August				
3404910	Pathways				2	2	3	1
3404924	Piedmont	8525	473	Claim Denied, Referring Provider must be an LMA	0	477	477	0
		191	4	Client ID number does not match patient name				
3404932	Randolph	120	36	Client ID number missing or invalid.	36	135	638	503
		8599	35	Detail not covered by combination of recipient, provider and benefit package.				
		21	15	Duplicate of claim-system				

Cycle Date: 09/09/2003

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3404942	Roanoke-Chowan	8599	375	Detail not covered by combination of recipient, provider and benefit package.	19	457	2172	1715
		120	30	Client ID number missing or invalid.				
		191	16	Client ID does not match patient name.				
3404918	Rockingham	8599	71	Detail not covered by combination of recipient, provider and benefit package.	13	147	881	734
		8518	50	Claims denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.				
		8517	5	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of fiscal year.				
3404925	Sandhills	8599	109	Detail not covered by combination of recipient, provider and benefit package.	98	283	4353	4070
		8517	32	Claims denied, submitted beyond filing timelimit.				
		120	14	Client ID number Missing or Invalid.				
3404901	Smoky Mountain	8599	372	Detail not covered by combination of recipient, provider and benefit package.	401	814	7166	6352
		191	24	Client ID number does not match patient name.				
		143	12	Client ID number not on state eligibility file.				
3404933	Southeastern Center	21	67	Duplicate of claim-system	52	218	2286	2068
		8599	29	Detail not covered by combination of recipient, provider and benefit package.				
		10	12	Diagnosis invalid for clients age				

Cycle Date: 09/09/2003

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3404926	Southeastern Regional	8599	131	Detail not covered by combination of recipient, provider and benefit package.	46	379	2349	1970
		21	56	Duplicate of claim system.				
		8518	49	Claims denied, submitted beyond filing timelimit.May and June DOS must be submitted by the end of August.				
3404957	Tideland	8518	26	Claims denied, submitted beyond filing timelimit.May and June DOS must be submitted by the end of August.	0	26	26	0
3404905	Trend	8599	233	Detail not covered by combination of recipient, provider and benefit package.	0	467	1678	1211
		8518	93	Claims denied, submitted beyond filing timelimit.May and June DOS must be submitted by the end of August.				
		120	66	Client ID number missing or invalid				
3404923	VGFW	8599	158	Detail not covered by combination of recipient, provider and benefit package.	9	202	1268	1066
		8518	20	Claims denied, submitted beyond filing timelimit.Jul-Apr DOS must be submitted by the end of FY.				
		8517	7	Claims denied, submitted beyond filing timelimit.May and June DOS must be submitted by the end of August.				
3404931	Wake	23	2	Service Requires PA	0	2	2	0
3404936	Wilson-Greene	8599	22	Detail not covered by combination of recipient, provider and benefit package.	63	97	2186	2089
		8518	6	Claims denied, submitted beyond filing timelimit.Jul-Apr DOS must be submitted by the end of FY.				

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		21	3	Duplicate of claim system.				